

South Carolina Budget and Control Board

# **Employee Insurance Program**

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## **Annual Enrollment 2006**

# Changes for 2006

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- **Health**
- **MONEYPLUS**
- **Optional Life/ Dependent Life**
- **New Benefits Identification Number (BIN)**
- **EstateGuidance<sup>sm</sup>**

# What You Can Do

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- **During the 2006 Annual Enrollment you can:**
  - **Change from one health plan to another**
  - **Re-enroll in MoneyPlu\$ spending accounts**
  - **Enroll in and/or increase or decrease Optional and Dependent Life**

# **Benefits Identification Number**

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- **Protects personal information**
- **Replaces subscriber's SSN for communication with EIP**
- **New identification cards issued to health plan and dental plus subscribers**
- **Letters to Dental, Optional Life, SLTD or Long Term Care subscribers informing of new BIN**

# **State Health Plan (SHP)**

## **Standard Plan and Savings Plan**

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- **Network Providers**
- **Out-of-Network Benefits**
- **BlueCard Program**
- **Preventive Benefits**
- **Rx Network Providers**
- **Mental Health and Substance Abuse coverage**
- **Medi-Call/APS Precertification Requirements**

# **State Health Plan (SHP)**

## **Standard Plan and Savings Plan** cont'd.

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### **Tobacco Cessation Benefit**

- **Administered by APS**
- **Free service for State Health Plan employees and covered dependents**
- **For assistance contact, *Free & Clear* at:**

**1-866-QUIT-4-LIFE**

**Or 1-866-784-8454**

# **State Health Plan**

## **Standard Plan and Savings Plan** cont'd.

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### **Well-Child Care**

- **Effective January 1, 2007- additional vaccinations available to children - age restrictions apply**
- **Use doctor in SHP Physicians Network to administer these Well-Child Care vaccinations for no charge:**
- **List of covered vaccinations in *2007 Insurance Benefits Guide***

# State Health Plan Standard Plan

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- **Annual Deductible**

- **\$350 individual**
- **\$700 family**

- **Coinsurance  
In-Network:**

<b>Plan Pays</b>	<b>80%</b>
<b>You Pay</b>	<b>20%</b>

- **Out-of-Pocket Maximum**

- **\$2,000 individual**
- **\$4,000 family**

- **Coinsurance  
Out-of-Network:**

<b>Plan Pays</b>	<b>60%</b>
<b>You Pay</b>	<b>40%</b>

- **Out-of-Pocket Maximum**

- **\$4,000 individual**
- **\$8,000 family**

**\$1 million lifetime benefits**



# **State Health Plan Standard Plan**

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- **Per-occurrence Deductibles**
  - **\$125 emergency room visit (waived if admitted)**
  - **\$75 out patient hospital service (some exceptions apply)**
  - **\$10 per office visit**
- **Per-occurrence deductibles do not apply toward annual deductible or out-of-pocket maximum**

# **State Health Plan Standard Plan Prescription Drugs**

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## **Participating Retail Rx (up to 31-day supply)**

- **\$10 Generic**
- **\$25 Preferred Brand**
- **\$40 Non-Preferred Brand**

## **Home Delivery Mail-Order (up to 90-day supply)**

- **\$25 Generic**
- **\$62 Preferred Brand**
- **\$100 Non-Preferred Brand**

- **Pay the difference**
- **Annual out-of-pocket maximum, \$2,500 per person**
- **Coordination of benefits**

# **State Health Plan Standard Plan Mail-Order Prescription Drugs**

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- **Mail-Order prices available at some local pharmacies**
  - **Available to State Health Plan and Medicare Supplemental Plan participants**
  - **90-day supplies can be obtained at participating pharmacies in the Retail Maintenance Network**

# **SHP Retail Maintenance Network**

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- **To access Retail Maintenance Network:**
  - **Visit [www.eip.sc.gov](http://www.eip.sc.gov)**
  - **Choose “News and Updates”**
  - **Under year “2006” select “State Health Plan: New Retail Maintenance Network, effective May 1, 2006”**
- **Medco Customer Service:**
  - **1-800-711-3450**

# My RxChoices

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- Could help State Health Plan subscribers pay less for long-term prescription needs
- Locate lowest-cost prescriptions using Medco's online cost comparison tool
- Access "My RxChoices" online:
  - [www.Medco.com/save](http://www.Medco.com/save)
  - Use Web site to compare drug costs
- See *Insurance Advantage* newsletter for more details

# State Health Plan Savings Plan

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- **For subscribers who:**
  - **Are willing to take greater responsibility for their healthcare**
  - **Want lower premiums**
  - **Want to save for major medical expenses through the Health Savings Account (HSA)**

# State Health Plan Savings Plan cont'd.

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- **Annual Deductible**
  - **\$3,000 individual**
  - **\$6,000 family (no embedded deductible)**
  - **You pay 100% of SHP allowable charges for Medical & Rx**
- **Coinsurance**
  - In-Network:**

<b>Plan Pays</b>	<b>80%</b>
<b>You Pay</b>	<b>20%</b>
  - Out-of-Pocket Maximum**
    - **\$2,000 individual**
    - **\$4,000 family**
- **Coinsurance**
  - Out-of-Network:**

<b>Plan Pays</b>	<b>60%</b>
<b>You Pay</b>	<b>40%</b>
  - Out-of-Pocket Maximum**
    - **\$4,000 individual**
    - **\$8,000 family**

**\$1 million lifetime benefits**

# State Health Plan Savings Plan cont'd.

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## Benefits

- No Per-occurrence deductibles
- Reimbursement for annual flu shot
- Annual physical to include specific services
- Eligible to contribute to HSA



# **State Health Plan Savings Plan cont'd.**

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## **Restrictions**

- **Cannot be enrolled in Medicare**
- **Chiropractic payments limited to \$500 per person (after deductible)**
- **Prescription exclusions:**
  - **Non-sedating antihistamines**
  - **Drugs for erectile dysfunction**

# Health Savings Accounts Facts

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- **Portable**
- **Must participate in a high deductible health plan (i.e., SHP Savings Plan) and not be covered by any other low deductible health plan to contribute**
- **Deduct direct-deposited contributions on federal income tax return**

# **Health Savings Accounts Facts cont'd.**

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- **Maximum annual contributions:**
  - **\$2,700 - individual**
  - **\$5,450 - family**
- **Catch-up provisions for individuals age 55 and older (visit IRS at [www.irs.gov](http://www.irs.gov)).**

# **Health Savings Accounts Facts** cont'd.

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- **Spouse and dependent do not have to be covered by SHP Savings Plan or any other high deductible health plan**
- **Keep all receipts**

# **Health Savings Accounts Facts** cont'd.

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- **If used for non-qualified medical expenses, amount is included in income and penalty applies, unless:**
  - **Subscriber dies or becomes disabled**
  - **Subscriber is enrolled in Medicare**

# **Fringe Benefits Management Company (FBMC) MONEYPLUS**

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- **Health Saving Account**
  - **Payroll deducted**
  - **Tax-free for qualified medical expenses**
  - **Earns interest**
  - **VISA check card available from NBSC – unlimited use**
  - **\$20/year or \$2/month**

# **Fringe Benefits Management Company (FBMC) MONEYPLUS<sup>®</sup> cont'd.**

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- **Checks provided - \$.50 fee per check written**
- **Carries forward from year-to-year**
- **Does NOT advance money**
- **“Limited Use” - Medical Spending Account (up to \$5,000) for vision/dental**

# **BCBS of South Carolina**

**[www.southcarolinablues.com](http://www.southcarolinablues.com)**

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- ***Visit My Insurance Manager to:***
  - **Review claim status**
  - **View and print a copy of Explanation of Benefits (EOB)**
  - **See amount paid toward annual deductible and coinsurance maximum**



# **BCBS of South Carolina**

**[www.southcarolinablues.com](http://www.southcarolinablues.com) cont'd.**

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- ***Visit My Insurance Manager to:***
  - **Access secure e-mail for customer service questions**
  - **Search provider directory (updated nightly)**
  - **Request new health ID card**

# **Health Maintenance Organizations (HMOs)**

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- **Must choose primary care physician (PCP)**
- **Referral required for most specialty care**
- **Subscriber must live or work in the HMO service area**
- **Provides emergency service in out-of-service area**
- **No out-of-network benefits**

# BlueChoice Health Plan

**(In all South Carolina counties)**

- **Annual Deductible (emergency care)**
  - **\$250 individual**
  - **\$500 family**
- **90% after**
  - **\$200 inpatient hospital copay**
  - **\$75 outpatient hospital copay**
  - **\$100 emergency room copay**
- **Coinsurance Maximum (excludes deductibles and copays)**
  - **\$1,500 individual**
  - **\$3,000 family**

# **BlueChoice Health Plan** cont'd.

(In all South Carolina counties)

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- **\$15 PCP and OB-GYN copay**
- **\$30 specialist copay**
- **\$35 urgent care copay**

# **BlueChoice Health Plan** cont'd.

(In all South Carolina counties)

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## **Retail Pharmacy**

(up to 31-day supply)

- **\$8 generic**
- **\$30 preferred brand**
- **\$50 non-preferred brand**
- **\$75 specialty pharmaceuticals**

## **Home Delivery/Mail-Order**

(up to 90-day supply)

- **\$16 generic**
- **\$60 preferred brand**
- **\$100 non-preferred brand**

# **CIGNA HMO**

(In all South Carolina counties except: Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick and Saluda )

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## **Annual Deductible: None**

- **80% after**
  - **\$500 inpatient hospital copay**
  - **\$250 outpatient hospital copay**
  - **\$100 emergency room copay**
- **Coinsurance Maximum** (includes deductibles, copays and coinsurance)
  - **\$2,000 individual**
  - **\$4,000 family**
- **\$20 primary care physician copay**
- **\$40 specialist, OB-GYN copay**

# **CIGNA HMO cont'd.**

(In all South Carolina counties except: Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick and Saluda )

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## **Retail Pharmacy (up to 30-day supply)**

- **\$7 generic**
- **\$25 preferred brand**
- **\$50 non-preferred brand**

## **Home Delivery/Mail Order (up to 90-day supply)**

- **\$14 generic**
- **\$50 preferred brand**
- **\$100 non-preferred brand**

# **HMO with Point of Service (POS) Option**

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- **Subscriber must choose primary care physician (PCP)**
- **Referral required for higher level of benefits; self-referrals also allowed**
- **Subscriber must live or work in POS service area**
- **Out-of-network benefits available at lower benefit level**



# MUSC Options

(In these South Carolina counties only: Berkeley, Charleston, Colleton and Dorchester)

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## In-network

- No deductible
- \$300 Inpatient hospital copay
- \$150 Emergency care copay
- \$100 Outpatient hospital copay
- \$25 PCP and OB-GYN well woman copay
- \$55 Specialist copay
- \$50 Urgent care copay

# **MUSC Options cont'd.**

(In these South Carolina counties only: Berkeley, Charleston, Colleton and Dorchester)

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## **\$100 Deductible, then:**

### **Retail Pharmacy (up to 30-day supply)**

- **\$10 generic**
- **\$30 preferred brand**
- **\$50 non-preferred brand**
- **\$100 specialty pharmaceuticals**

### **Home Delivery/Mail Order (up to 90-day supply)**

- **\$25 generic**
- **\$75 preferred brand**
- **\$125 non-preferred brand**

# MUSC Options cont'd.

(In these South Carolina counties only: Berkeley, Charleston, Colleton and Dorchester)

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## Out-of-network

- **Annual deductible**
  - **\$500 individual**
  - **\$1,500 family**
  - **Plan pays 60% after annual deductible**
- **Coinsurance maximum (excludes deductibles)**
  - **\$3,000 individual**
  - **\$9,000 family**
- **\$150 Emergency care copay**
- **No preventive care benefits**
- **No prescription benefits**

# MUSC Options RxChoices

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- Could help MUSC Options subscribers pay less for long-term prescription needs
- Locate lowest-cost prescriptions using Medco's online cost comparison tool
- Access "My RxChoices" online:
  - [www.Medco.com/save](http://www.Medco.com/save)
  - Use Web site to compare drug costs
- See *Insurance Advantage* newsletter for more details

# **TRICARE Supplement**

(administered by ASI)

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- **Available to:**
  - ***TRICARE eligible employees* (and eligible dependents) not Medicare eligible (coverage ends upon Medicare entitlement)**
- **Provides additional coverage paying 100 percent of member's out-of-pocket costs**
- **Provided at no cost to subscriber**

# **TRICARE Supplement** cont'd.

(administered by ASI)

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- **Must notify TRICARE if you change from SHP or HSA to TRICARE Supplement**
- **DEERS eligibility record for each family member must be current**
- **Enrolled subscribers receive (from ASI):**
  - **Certificate of insurance**
  - **ID card**
  - **Claim forms**
  - **Instructions on how to file**
- **TRICARE student eligibility begins at age 21 and ends at age 23**

# 2007 Active Employee Monthly Health Premiums

	SHP Savings Plan	SHP Standard Plan	BlueChoice HMO
Employee only	\$ 9.28	\$ 93.46	\$126.62
Employee/spouse	\$ 72.56	\$237.50	\$369.88
Employee/children	\$ 20.28	\$142.46	\$272.18
Full family	\$108.56	\$294.58	\$547.26
	CIGNA HMO	MUSC Options	
Employee only	\$124.10	\$178.08	Optional employer premiums may vary
Employee/spouse	\$359.60	\$468.36	
Employee/children	\$263.74	\$316.72	
Full family	\$531.32	\$594.26	

# **Fringe Benefits Management Company (FBMC) MONEYPLUS**

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- **During 2006 Annual Enrollment active employees:**
  - **Must enroll or re-enroll in Medical Spending and Dependent Care accounts**
  - **Must have been continuously employed for one year (by January 1) to be eligible for Medical Spending Account**



# **Fringe Benefits Management Company (FBMC) MONEYPLU\$ cont'd.**

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- **First time MoneyPlu\$ subscribers must see benefits administrator to complete paperwork to enroll**
- **Current MoneyPlu\$ spending account(s) participants can now re-enroll online (some restrictions apply; see *Insurance Advantage*)**

# **Fringe Benefits Management Company**

## **(FBMC) MONEYPLUS** cont'd.

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- **Enrolling online**
  - **Visit [www.myfbmc.com](http://www.myfbmc.com) from October 1 through October 31, 2006**
  - **Password - subscriber's Social Security Number (SSN)**
  - **Temporary personal identification number (PIN) last four digits of subscriber's SSN**
  - **Re-enroll after changing PIN**
  - **For more information, call FBMC Customer Service (1-800-342-8017)**

# **Fringe Benefits Management Company (FBMC) MONEYPLUS<sup>cont'd.</sup>**

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- **Pre-tax Health, Dental, Dental Plus and Optional Life premium**
  - **\$.12 per month administrative fee**
- **Dependent Care Account**
  - **\$5,000 annual maximum amount**
  - **\$2.50 per month administrative fee**

# **Fringe Benefits Management Company (FBMC) MONEYPLUS<sup>®</sup> cont'd.**

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- **Medical Spending Account**
  - **\$5,000 annual maximum amount**
  - **\$2.50 per month administrative fee**
  - **EZ REIMBURSE<sup>®</sup> MasterCard<sup>®</sup> available**
  - **Subscriber must be employed by participating employer continuously for one year to participate**

# **Fringe Benefits Management Company (FBMC) MONEYPLUS<sup>®</sup> cont'd.**

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- **New Grace Period**
  - **Can incur expenses through March 15, 2007 if account is active on December 31, 2006, or**
  - **Can incur expenses through March 15, 2008 if account is active on December 31, 2007**

# **Fringe Benefits Management Company (FBMC) MONEYPLUS<sup>®</sup> cont'd.**

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- **Applies to Medical Spending Account and limited Medical Spending Account**
- **March 31 deadline for filing all claims**

# **Fringe Benefits Management Company**

## **(FBMC) MONEYPLUS<sup>®</sup> cont'd.**

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- **Medical Spending Account -  
EZ REIMBURSE<sup>®</sup> MasterCard<sup>®</sup>**
- **Can be used to purchase mail-order  
prescriptions**
- **Providers must have EZ REIMBURSE<sup>®</sup>  
MasterCard<sup>®</sup> terminal**

# **Fringe Benefits Management Company**

## **(FBMC) MONEYPLUS<sup>®</sup> cont'd.**

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- **Medical Spending Account – EZ REIMBURSE<sup>®</sup> MasterCard<sup>®</sup>**
  - **Eligible medical expenses (i.e., copays and deductibles) subtracted at point-of-sale (substantiation of claims may be required)**
  - **FBMC mails EZ REIMBURSE<sup>®</sup> MasterCard<sup>®</sup> to subscriber's home (unless currently enrolled)**
  - **\$20 annual fee deducted from Medical Spending Account**



# **Fringe Benefits Management Company**

## **(FBMC) MONEYPLUS** cont'd.

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- **Get more out of your paycheck**
- **Can fax claims**
- **Direct deposit available**
- **Internet or Integrated Voice Response available 24-hours-a-day, seven days-a-week**
- **“Use It-or-Lose It”**

# **Optional Life Insurance (The Hartford)**

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- **Optional Life**
  - **Active employees: may enroll up to \$30,000, guaranteed, in \$10,000 increments (without providing medical evidence of good health)**
  - **Current subscribers: increase coverage greater than \$30,000, guaranteed, up to \$500,000 maximum (must provide medical evidence of good health)**
  - **Employee must be actively at work     January 1, 2007 for coverage or increase to become effective**

# **Dependent Life Insurance (The Hartford)**

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- **Dependent Life – Spouse**
  - **New subscribers enroll in increments of \$10,000 or \$20,000 (without medical evidence of insurability)**
  - **Current subscribers increase in increments of \$10,000 or \$20,000 (not to exceed 50 percent of employee's benefit amount or \$100,000, whichever is less)**

# **Dependent Life Insurance**

## **(The Hartford) cont'd.**

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- **Dependent Life – Spouse**
  - **Suicide exclusion applies**
  - **Employee must be actively at work January 1, 2007 for coverage or increase to become effective**

# **EstateGuidance<sup>sm</sup>**

## **(The Hartford)**

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- **Effective January 1, 2007**
- **Available through The Hartford to subscribers with Basic Life or Optional Life coverage**
- **Allows subscribers to create free, simple wills online**
- **Visit [www.EstateGuidance.com/wills](http://www.EstateGuidance.com/wills)**

# **EstateGuidance<sup>sm</sup>**

## **(Thae Hartford) cont'd.**

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- **Promotional code required**
  - **Code in the 2007 *Insurance Benefits Guide***
  - **See benefits administrator (on or after January 1, 2007)**
- **Licensed attorneys available for assistance**

# **Your Best Resources**

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- **Insurance Advantage newsletter**
- **Insurance Benefits Guide**
- **EIP Direct (from EIP to benefits administrators)**
- **Your benefits administrator**

# **Annual Enrollment October 1-31, 2006**

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**You are responsible  
for your benefits**



**Nothing is automatic**



**Changes made during annual enrollment will be  
effective January 1, 2007**



**To contact EIP:  
803-734-0678 (Greater Columbia Area)  
or 888-260-9430 (toll-free outside Columbia Area)  
[www.eip.sc.gov](http://www.eip.sc.gov)**



# Disclaimer

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**The information in this overview is not meant to serve as a comprehensive description of the benefits offered by the Employee Insurance Program. Please consult your *Insurance Benefits Guide* and literature from the various HMOs offered in your service area for additional information.**